40. *Cæsarian Section with Good Result both for Mother and Child.* By Dr. Hamer, of Ommerschans.—A primipara, aged thirty, who had suffered in her youth from rachitis, experienced her first pains February 2, 1853, at the normal term of pregnancy. At 8 P. M. the membranes burst; but the head did not descend into the pelvis, and the pains ceased. It was therefore thought desirable to turn. The hand, however, encountered an insuperable obstacle in the promontory of the sacrum, between which and the pubes there were only two and a half inches. At 11 P. M., the Cæsarian operation was performed. The first incision was made along the linea alba; the second incision into the uterus extended into the placenta, from which much blood flowed; but the extraction of both child and after-birth occupied but a few seconds, after which the uterus contracted firmly and sufficiently. The child, a boy, survived. The abdominal wound in the mother was united by sutures, and a proper bandage was applied. Upon the occurrence of pain towards evening, in the hypogastric region, a catheter was introduced into the bladder, and some urine drawn off; and this was often repeated, to the patient's great relief. On February 4, there was a tympanitic state of the abdomen; the tongue was dry; pulse frequent; lochial discharge normal. Ordered an enema; the application of ice. The day following there was severe pain in the abdomen; vomiting of green matter, by which three sutures gave way, and the gaping uterus was exposed at the bottom of a deep wound. Twenty leeches were applied, and the wound now reunited by plaster. A tube was introduced into the rectum, by which much gas was drawn off, and the tympanitis was diminished. A quarter of a grain of morphia was then administered, and the patient obtained some sleep. To support the abdomen, two pieces of wood, to which silk threads were attached, were rolled in long pieces of plaster. The strips of plaster were then applied from the lumbar region in such a fashion that the wooden staffs lay near the mesial line longitudinally on either side of the wound; the silken threads were then tied, and the aperture was firmly closed. In six weeks she was well.—*Med. Times and Gaz.* Aug. 12, from *Schmidt's Jahrb.* bd. 83.

---

41. *Case of Pregnancy in a Rudimentary Horn of the Uterus, with probable Advance of the Ovum from the right Ovary into the left Horn of the Uterus.*—In his *Handbook of Pathological Anatomy*, Prof. Rokitanski describes an unique preparation, in the Viennese anatomical collection, exhibiting a pregnancy in a rudimentary uterine horn. The example of Professor Scanzoni is an interesting addition to this extraordinary class of cases.

The woman generally enjoyed good health, and was regularly menstruated. She was married in her 28th year, had a miscarriage of twins five months afterwards, and subsequently bore three children, which still live. In her last two pregnancies she tried by violent exercise to induce premature labour. During the first half of all her pregnancies she suffered much from vomiting, toothache, heartburn, and œdema of the lower extremities.

In July, 1852, she conceived for a fifth time, and again used every means to induce premature labour. No disorder of general health occurred in this pregnancy. On the 21st Nov. she had a quarrel with her husband. The same evening, and also on the next, she complained of slight colicky pains in the left hypogastric region, which, however, did not prevent her from going about. But she soon became very weak, and had to be carried to bed. This was at ten o'clock, forenoon. At midnight, Dr. Scanzoni visited her and diagnosed an extra-uterine pregnancy, with profuse internal hemorrhage, in consequence of the rupture of the containing sac. She died almost immediately afterwards.

At the *post-mortem* examination, there was found in the lower half of the abdomen a great quantity of variously altered blood. After its removal, there was observed on the left side a round swelling of about the diameter of 3½ inches, with a laceration on its outer border. In it were contained the membranes and placenta of the fœtus, along with the coagula of blood. The cord was six inches long. The corpus luteum was in the right ovary. Both Rokitansky and Scanzoni, on first viewing their cases, thought they had to do with tubal pregnancy, and only on further examination discovered the true nature of the cases. Such cases are described by Rokitansky as an intermediate link between uterine and tubal pregnancy.

Scanzoni's case is interesting physiologically, as belonging to a series where the corpus luteum is formed on the ovary of the side not corresponding to the uterine horn or tube which is pregnant. Such cases at once suggest the idea that the ovum must have performed a long journey from the ovary of the one side, through the uterus, and into the passages belonging to quite the other side. Scanzoni states that many analogous observations have been made in the lower animals, but he is mistaken in supposing that his own is the first in the human subject.—*Edinburgh Med. and Surg. Journ.* Jan. 1854, from *Verhandlungen der Phys. Med.* 1853.

HYGIENE.

42. *Lead Cisterns and Pipes in a Sanitary point of View.* By ROBERT DUNDAS THOMPSON, M. D.—Having been consulted on the subject of the supply of water to Glasgow, Gorbals, Dumfries, Kilmarnock, Sterling, London, Newcastle, Swindon, Liverpool, &c. &c., and very extensively on the sanitary condition of waters, the subject of the action of water on lead has for many years been familiar to me, and I have had considerable opportunities of meeting with cases where paralysis had been produced by the action of lead on the human system. As far as I can ascertain from the experience of hospitals, the occurrence of disease from the corrosion of lead pipes is an exceptional circumstance, if it has ever occurred in these institutions, the general cause of affections from lead being occupation in white lead manufactories.

Waters, from whatever source, appear to act on a freshly polished surface of lead. Thus, I have found the water taken from the Thames, Clyde, Gorbals waterworks, Kypes River, Paisley waterworks, Givel River, sources in the neighbourhood of Glasgow, to act on lead; the greatest amount of saline matter in these specimens being in that of the Thames, which contains about twenty-two grains of solid residue in the imperial gallon, while the Givel contains only about seven grains. Again, I find the water from a well at St. Thomas's Hospital London, to act very sensibly on a fresh surface of lead, although the solid constituents in the gallon amount to about one hundred grains. This experiment is further corroborated by a circumstance in reference to a well, respecting which I was consulted several years ago in Glasgow. The wells of Glasgow, like all those of large cities, are known to be impure. They contain from fifteen to one hundred grains of salts in the imperial gallon, and yet, on one occasion, water was brought to me which had been pumped through a new lead pipe from a well in a garden, which contained a considerable quantity of oxide of lead diffused through it. I inferred that the oxide of lead was principally in suspension, from the fact that when the water was filtered through a single paper filter, no lead could be detected in the water when it had passed the paper; and it is a well ascertained fact that water contaminated with oxide of lead, is entirely freed from it by permeating a filter of sand. All these facts relate to lead possessing a bright surface. For lead, when allowed to remain in these waters for a few days, ceases to suffer appreciable corrosion; or, if the lead be removed from the water, exposed to the air, and afterwards immersed, but an insignificant action, if any, can be detected.

Loch Katrine water I examined several years ago, when it was proposed to be introduced for the supply of Glasgow. I considered it then, as I do now, a water admirably adapted for domestic use, and I have not had my opinion in the slightest degree affected by the laboratory experiment exhibited on the committee's table, as I am convinced, from my acquaintance with the subject, that if the Loch Katrine supply had been introduced into Glasgow, nothing would have been heard of its influence on lead. I found it to contain about two grains of solid matter in the gallon, its main constituents being organic matter, common salt, sulphate and carbonate of lime.